

CONFLICT OF INTEREST DECLARATION

I, the Undersigned

Name and Surname
Born in _____ on _____ Tax Code _____
dd/mm/yyyy
Address _____ City _____ Country _____
in my capacity as Chairman Speaker Trainer Tutor Teacher

at the above educational event to be held in **Milan** on the **June 10th-11th-12th, 2020**
organized by My Meeting Srl as Standard Provider No. 1396

*pursuant to and in accordance with art. 76 on Conflict of Interest and the State-Region Agreement
of 02.02.2017*

aware of the set penalties in case of false declarations according to the Penal Code and all applicable laws,

DECLARE

(tick box indicating capacity)

- that in the last two years I have had no professional and/or economic relationships with pharmaceutical companies and/or manufacturers of medical instruments or devices and have consequently no conflict of interest with respect to the Event.
- that in the last two years I have had the following professional and/or economic relationships with pharmaceutical companies and/or manufacturers of medical instruments or devices:

and that the above relationships do not affect my teaching activity at the Event and do not prejudice the exclusively educational scope of the training requirements for healthcare professionals and that I consequently have no conflict of interest with respect to the Event.

UNDERTAKE

- 1) To provide my training and teaching activity at the Event in an objective and unbiased way, not affected by the direct or indirect interests of any commercial concerns, and in particular: a) not to advertise in any form any specific healthcare-related products; b) to only use the generic names of drugs, instruments and devices and not to indicate any trade names, even if related to the specific topic discussed;
- 2) To ensure that during my training and teaching activity at the above Event, no slides are shown which contain images covered by copyright or industrial property rights by third parties (including printed publications, texts, reproductions or excerpts from protected websites), images of drugs or electro-medical equipment and/or images that may imply violation of patient privacy.

DECLARE

To be informed, pursuant to and for the purposes of EU Regulation 2016/679 (GDPR) of the European Parliament and of the Council of 27 April 2016 and of Legislative Decree 30/06/2003 No. 196 and subsequent amendments and additions, that the personal data collected will be processed, even with IT tools, exclusively in the context of the procedure for which this declaration is made. He therefore authorizes the publication of his CV on the CME website and the transfer of his personal data to the Age.Na.S. in order to be able to participate in the accreditation and professional updating program required by law, as well as in any case related to one's presence at the indicated event. The aforementioned CV may be communicated to those who by law are required to present it to the competent offices.

In witness thereof _____
(readable signature)

Date _____

Please return completed form by **fax to +39 051 795270**
or **scan and email to info@mymeetingsrl.com**

cod. 04/2020